

INDIVIDUAL INACTIVE DUTY TRAINING (IDT) PARTICIPATION RECORD

DATE: _____

NAME: _____ RANK/RATE: _____ SSN: _____

RUIC: _____ UNIT: _____

IDT ORIGINALLY SCHEDULED FOR

IDT PERIOD

HAS BEEN CHANGED TO (or)
ADDITIONAL IDT SCHEDULED FOR

IDT PERIOD

REASON:

1st		#	
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IDT ORIGINALLY SCHEDULED FOR

IDT PERIOD

HAS BEEN CHANGED TO (or)
ADDITIONAL IDT SCHEDULED FOR

IDT PERIOD

REASON:

2nd		#	
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IDT ORIGINALLY SCHEDULED FOR

IDT PERIOD

HAS BEEN CHANGED TO (or)
ADDITIONAL IDT SCHEDULED FOR

IDT PERIOD

REASON:

1st		#	
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IDT ORIGINALLY SCHEDULED FOR

IDT PERIOD

HAS BEEN CHANGED TO (or)
ADDITIONAL IDT SCHEDULED FOR

IDT PERIOD

REASON:

2nd		#	
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IDT ORIGINALLY SCHEDULED FOR

IDT PERIOD

HAS BEEN CHANGED TO (or)
ADDITIONAL IDT SCHEDULED FOR

IDT PERIOD

REASON:

1st		#	
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IDT ORIGINALLY SCHEDULED FOR

IDT PERIOD

HAS BEEN CHANGED TO (or)
ADDITIONAL IDT SCHEDULED FOR

IDT PERIOD

REASON:

2nd		#	
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COMMENTS:

TASKS AND ACCOMPLISHMENTS:

The IDT periods scheduled above are hereby approved.

I certify that a minimum of four hours were performed exclusive of meal for each IDT period.

CO or Designated Representative / Date

Mustering Official / Date

LEGEND:

A - MEMBER ABSENT
P - MEMBER PRESENT

Posted to NSIPS _____	INITIALS
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